DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MIDLAND TERRACE (0008521)

Address: 5128 W MIDLAND DR, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 09/01/1999

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093844 End Date: 12/13/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092355 End Date: 08/12/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

RESIDENT BEHAVIOR/FACILITY PRACTICE

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Complaint History		
Date Complaint Received: 09/24/2004	Date Investigation Completed: 12/13/2004	
Subject Area(s) PROGRAM SERVICES	Result NOT SUBSTANTIATED	SOD#
Date Complaint Received: 07/14/2003	Date Investigation Completed: 08/12/2003	
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE PHYSICAL PLANTS & SAFETY HAZARDS PROGRAM SERVICES	Result SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED	SOD # NOT RECORDED NOT RECORDED NOT RECORDED
Date Complaint Received: 06/25/2003	Date Investigation Completed: 07/10/2003	
Subject Area(s) PROGRAM SERVICES	Result SUBSTANTIATED	SOD # NOT RECORDED
Date Complaint Received: 06/12/2003	Date Investigation Completed: 08/12/2003	
Subject Area(s)	Result	SOD#

NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.